



Bicon Institute Registration Form



REGISTER ONLINE
www.bicon.com/edu



REGISTER BY FAX
800.28.BICON



REGISTER BY MAIL
501 Arborway
Boston, MA 02130



CONTACT US (information only)
800.882.4266
education@bicon.com

COURSE TITLE	COURSE CODE	DATE OF COURSE
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How did you hear about us? Referring Dentist Journal Advertisement Direct Mail Radio TV Friend or Family Internet Other _____

NAME _____

Will you require a hotel reservation? YES NO

SPECIALTY _____

DATE OF ARRIVAL _____ DATE OF DEPARTURE _____

(You will be contacted by Millbrook Travel to finalize your hotel reservation.)

ADDRESS _____

- The tuition fee is per person, non-negotiable and non-transferable.
- Registration will be considered complete once payment is made in full.
- Due to limited class size, early registration is encouraged.
- Refunds will not be made within one month prior to the course.
- For the Cartagena Surgical Course, a 20% non-refundable deposit is due with registration. The balance is due one month prior to departure.
- In the unlikely event of course cancellation, Bicon is not responsible for travel expenditures.
- Tuition does not include travel expenses or hotel accommodations.
- For travel related services, please contact Millbrook Travel at (781) 934-0906 or via fax at (781) 934-0072.
- No refunds one month prior to the course date. Cancellation must be received in writing. A \$100.00 administrative fee will be retained by Bicon when a refund is issued. Registration may be transferred to another course within one year at no additional cost.

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PROVINCE (if applicable) _____ COUNTRY _____

PHONE _____ FAX _____

EMAIL _____

Method of Payment: VISA MasterCard AMEX Check

Check Amount \$ _____ (Make checks payable to Bicon in USD only)

CARD NUMBER _____ EXPIRATION DATE _____

NAME OF CARDHOLDER _____

SIGNATURE OF CARDHOLDER _____

I authorize Bicon to photograph me during the course(s). I understand that these images may be used for educational purposes, publications, brochures, and/or the Bicon website. I understand the photos will not be used in a manner that may be deemed inappropriate.

I understand that if I practice in a country where Bicon has a distributor, then I shall purchase all Bicon products from that representative and not from the Bicon office in Boston.

I hereby agree to the terms and understand the conditions listed above.

SIGNATURE _____

DATE _____

PROMOTIONAL CODE